

# SUPPLEMENTAL APPLICATION DATA SHEET

## **Application Information**

Application Number:: 10/772,353

Filing Date:: 2/6/04

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

**Number of CD Disks::** 

**Number of Copies of CDs::** 

Sequence Submission?::

Computer Readable Form

(CFR)?::

Number of Copies of CFR::

Title:: Trailer Impact Suppression Apparatus

Attorney Docket Number:: 37688-199395

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

**Total Drawing Sheets::** 10

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

**Petition Type::** 

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.::

#### **Applicant Information Applicant Authority Type::** Inventor Canada **Primary Citizenship::** Country:: Canada **Full Capacity** Status:: Weldon Given Name:: Middle Name:: J. **PETERS** Family Name:: Name Suffix:: Nanton City of Residence:: State or Province of Residence:: Alberta **Country of Residence::** Canada Box 1330, 2716 19th Avenue **Street of Mailing Address:: City of Mailing Address::** Nanton State or Province of Mailing Alberta Address:: **Country of Mailing Address::** Canada Postal or Zip Code of Mailing T0L 1R0 Address:: Inventor **Applicant Authority Type:: Primary Citizenship::** Country:: Status:: Full Capacity Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence::

**Country of Residence::** 

**Street of Mailing Address::** 

State or Province of Mailing Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing	
Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	

City of Mailing Address::

Name Suffix::

City of Residence::

State or Province of Residence::

**Country of Residence::** 

**Street of Mailing Address::** 

City of Mailing Address::

**State or Province of Mailing** 

Address::

**Country of Mailing Address::** 

Postal or Zip Code of Mailing

Address::

#### **Correspondence Information**

**Correspondence Customer** 

26694

Number::

Phone Number:: 202 344 4000

Fax Number::

202 344 8300

E-Mail Address::

acaitken@venable.com

## **Representative Information**

Representative Customer

26694

Number::

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
present	Continuation-in-part	09/983,273	10/23/01
09/983,273	Non-Provisional of	60/246,614	11/8/00
	Continuation of		
	Continuation of		

#### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

# **Assignee Information**

**Assignee Name::** 

Rubber Ride Hitches LTD.

**Street of Mailing Address::** 

Box 2, Site 23, RR 7

City of Mailing Address::

Calgary

**State or Province of Mailing** 

<u>Alberta</u>

Address::

**Country of Mailing Address::** 

<u>Canada</u>

Postal or Zip Code of Mailing

T2P 2G7

Address::